

215040445
62617

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 047	Agency Case No. B5-092092	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/03/2015			TIME OF ACCIDENT	STATE USE ONLY 10/03/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1429	PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 6100 O St.			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	
D	IF AT INTERSECTION	NAME OF INTERSECTING ROADWAY			IF NOT AT INTERSECTION <input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		232.00			X	O St.
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
E	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	DRIVER			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/N	Vehically Was Legally Parked			PHONE	LOCAL NO.	
V2/N	DRIVER ADDRESS CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
G	OWNER THOMAS L GLASER			PHONE 402-326-2692	LOCAL NO.	
	OWNER ADDRESS CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
H	LICENSE PLATE PA NO. TWE758	YEAR 2008	MAKE Honda	MODEL UCL	BODY STYLE 4 door Sedan	COLOR white
V1/O	VEHICLE	2008	Honda	UCL	4 door Sedan	white
V2/O	VEHICLE ID NO. (VIN)	1HGFA16588L056912			INSURANCE COMPANY Geico	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$ 2000
	TOWED TO	TOWED BY			POLICY NO. 4402247524	
I	VEHICLE NO. 2					
J	DRIVER LICENSE NO. UNKNOWN	DRIVER			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/P	UNKNOWN			PHONE	LOCAL NO.	
V2/P	DRIVER ADDRESS CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
	OWNER UNKNOWN			PHONE	LOCAL NO.	
J	OWNER ADDRESS CITY, STATE, ZIP			CITATION <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE NO. UNKNOWN	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/Q	VEHICLE					red
	VEHICLE ID NO. (VIN)				INSURANCE COMPANY UNKNOWN	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$
K	TOWED TO	TOWED BY			POLICY NO.	
	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)					
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

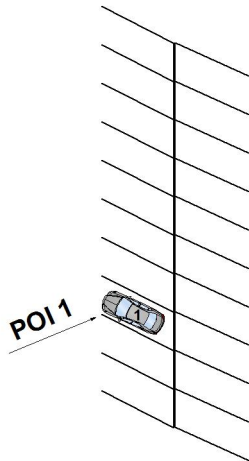
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092092



**Gateway Mall
6100 O St.**



**Measurements Approximate
Not To Scale**

**POI-
232' N of N curb of O St.
1,288' E of E curb of N. Cotner Blvd.**

**AGL-
1' 6" - 2' 4"**

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was legally parked unoccupied in a parking stall at Gateway Mall. Owner of V1 was in Gateway Mall during a time period where V1 was struck by an unknown V2. It's unknown how the V2 struck V1. Unknowns in the report are due to owner of V2 not leaving any information for the accident.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1			X		6100 O St.										
2			X		6100 O St.										
1	10	06 Turning left													
2	13	08 Entering traffic lane													
		09 Leaving traffic lane													
		10 Parked													
		11 Slowing or stopped in traffic													
		12 Other													
		13 Unknown													

OFFICER NO. 1742	TROOP/TEAM/BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Matthew Gilleland		INVESTIGATOR SIGNATURE Approved by Matthew Gilleland	DATE OF REPORT 10/03/2015